

<i>SERFF Tracking Number:</i>	<i>MUTM-126991704</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47762</i>
<i>Company Tracking Number:</i>	<i>MARYJO GOODWIN</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2010 Duplicate Medicare Supplement Policy Annual Report-NYL</i>		
<i>Project Name/Number:</i>	<i>2010 Duplicate Medicare Supplement Policy Annual Report/Annual Report</i>		

Filing at a Glance

Company: New York Life Insurance Company		
Product Name: 2010 Duplicate Medicare Supplement Policy Annual Report-NYL	SERFF Tr Num: MUTM-126991704 State: Arkansas	
TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed-Accepted For Informational Purposes	State Tr Num: 47762
Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: MARYJO GOODWIN	State Status: Filed-Closed
Filing Type: Form	Author: Shelly Kaipust Date Submitted: 01/21/2011	Reviewer(s): Stephanie Fowler Disposition Date: 01/21/2011 Disposition Status: Accepted For Informational Purposes Implementation Date:
Implementation Date Requested:		
State Filing Description:		

General Information

Project Name: 2010 Duplicate Medicare Supplement Policy Annual Report	Status of Filing in Domicile:
Project Number: Annual Report	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/21/2011
	State Status Changed: 01/21/2011
Deemer Date:	Created By: Shelly Kaipust
Submitted By: Shelly Kaipust	Corresponding Filing Tracking Number:
Filing Description:	
New York Life Insurance Company- 826-66915	

RE: Reporting Multiple Medicare Supplemental Policies

This form is to report information on each resident of this state who has in force more than one Medicare Supplement policy or certificate.

SERFF Tracking Number: MUTM-126991704 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 47762
Company Tracking Number: MARYJO GOODWIN
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2010 Duplicate Medicare Supplement Policy Annual Report-NYL
Project Name/Number: 2010 Duplicate Medicare Supplement Policy Annual Report/Annual Report

Sheri Toms

Company and Contact

Filing Contact Information

Michelle Kaipust - Admin, michelle.kaipust@mutualofomaha.com
Mutual of Omaha 402-351-8391 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
3316 Farnam Street Group Code: 826 Company Type: Life and Health
Omaha, NE 68175 Group Name: State ID Number:
(800) 995-5991 ext. [Phone] FEIN Number: 13-5582869

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$0.00	01/21/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/21/2011	01/21/2011

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Disposition

Disposition Date: 01/21/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47762</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Duplicate Medicare Supplement Policy Annual Report	Accepted for Informational Purposes	Yes

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Filing Company:	New York Life Insurance Company	State Tracking Number:	47762
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TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	2010 Duplicate Medicare Supplement Policy Annual Report-NYL		
Project Name/Number:	2010 Duplicate Medicare Supplement Policy Annual Report/Annual Report		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not applicable as this is a Medicare Supplement Annual Report filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not applicable as this is a Medicare Supplement Annual Report filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not applicable as this is a Medicare Supplement Annual Report filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not applicable as this is a Medicare Supplement Annual Report filing.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Duplicate Medicare Supplement Policy Annual Report	Accepted for Informational Purposes	01/21/2011
Comments:			
Attachment:	AR Med Supp Dup Filing Ltr.pdf		



New York Life Insurance Company
3316 Farnam Street
Omaha, NE 68175
Phone 1-800-995-5991

REPORTING MULTIPLE MEDICARE SUPPLEMENTAL POLICIES

January 14, 2011

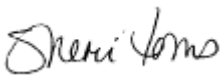
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

This form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is by individual policyholder.

Name/Policy #

Date of Issue

None


Sheri Toms

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